

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/												
2		/					51		/				
3		/					52		/				
4		/					53		/				
5		/					54		/				
6		/					55		/				
7		/					56		/				
8		/					57		/				
9		/					58		/				
10		/					59		/				
11		/					60		/				
12		/					61	/					
13	/						62		/				
14		/					63		/				
15		/					64		/				
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18		/					67		/				
19		/					68		/				
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41		/					90		/				
42		/					91		/				
43		/					92		/				
44		/					93		/				
45		/					94		/				
46		/					95		/				
47		/					96		/				
48		/					97		/				
49		/					98		/				
50	/						99		/				
TOTAL IND.	1						100		/				
TOTAL DEP.		1					TOTAL IND.						
TOTAL CLAIMS	1	1					TOTAL DEP.						
							TOTAL CLAIMS						